MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120-6)

CERTIFICATE OF DEATH

(P) 66408

Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Cecil

County

City or town Chesapeake City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware. County

City or town Wilmington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Eva Archer

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife Duke Archer

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 10 1868

8. AGE: Years	Months	Days	If less than one day
72	4	2	hrs. min.

9. Birthplace Chesapeake City Md (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name John C Nowland

13. Birthplace Chesapeake City Md

MOTHER

14. Maiden name Williamina Wyatt

15. Birthplace Chesapeake City Md

16. Informant W. J. Nowland

Address Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15 1940 (month) (day) (year)

Cemetery or crematory Bethel

Location near Chesapeake City Md

18. Funeral director W W Pippin

Address Elkton Md

19. June 15 1940 (Date rec'd by registrar) Anna Ruth H. Reed Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 1.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jun 4 1940, to Jun 12 1940, and that I last saw h alive on June 12 1940.

Immediate cause of death	DURATION
Ulceration Colitis	2 months
Due to unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry A Davis M.D. M. D. or other

Address Chesapeake City Md Date signed 6/15/1940

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

66409

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Near Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Landing Lane - Elkton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Landing Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Franklin Ronald Baker

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: +

6 (b) Name of husband or wife: +

+ 6(c) If alive, give age: + years

7. Birth date of deceased (mo., day, yr.): June 25 1938

8. AGE: Years 2 Months Days 1 If less than one day hrs. min.

9. Birthplace: Elkton Cecil Co Md
(Town, county, and state)

10. Usual occupation: +

11. Industry or business: +

FATHER
12. Name: William F. Baker
13. Birthplace: Maryland

MOTHER
14. Maiden name: Gillian Watson
15. Birthplace: Maryland

16. Informant: Mrs Gillian Baker
Address: Landing Lane Elkton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 29 - 1940
(month) (day) (year)

Cemetery or crematory: Elkton Cemetery

Location: Elkton

18. Funeral director: Florence E Abernathy
Address: Elkton R. D. 5 Md

19. June 29 1940
(Date rec'd by registrar)

F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June - 26 - 1940, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death: Drowned in Branch of Elk River between the hours of 12:40 P.M. & 1:00 P.M.

Due to: Falling into the River

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of June - 26 - 1940

Where did injury occur? Landing Lane - Elkton, Md. Cecil Co.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B. Shaw coroner
M. D. or other

Address: Rhey Sun Ont Date signed 6/26/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

06410

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) 39 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Marie Bedwell

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: White

6(a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 7 1900

8. AGE: Years 39 | Months 10 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation room maid

11. Industry or business Hotel

FATHER
12. Name Howard Davis ?
13. Birthplace Elkton Md ?

MOTHER
14. Maiden name Mollie Bedwell
15. Birthplace Elkton Md

16. Informant Mrs Mollie Moore
Address Elkton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 8 1940
(month) (day) (year)

Cemetery or crematory Elkton Cemetery

Location Elkton Md

18. Funeral director H. W. Pippin
Address Elkton Md

19. June 8 1940
(Date rec'd by registrar)
F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 4:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to June 5 1940, and that I last saw her alive on June 5 1940.

Immediate cause of death: Acute Pancreatitis nephritis

Due to

Due to Acute myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other

Address Elkton, Md Date signed June 7/40

ECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

06411

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil Co. Md

City or town Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Alfred Burkins

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Laura Matilda Shade

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 12 1865

8. AGE: Years 75 Months 3 Days 29 If less than one day ____ hrs. ____ min.

9. Birthplace Hickory Harford Co Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name James Parker Burkins
13. Birthplace Hickory Harford Co Md

MOTHER
14. Maiden name Mary Martha Morrison
15. Birthplace Cambray Harford Co Md

16. Informant Harry Burkins
Address Rising Sun. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 13. 1940
(month) (day) (year)

Cemetery or crematory Bowolsview Md.

Location Rising Sun Md.

18. Funeral director J. E. Tyson
Address Rising Sun Md.

19. 6/13 1940 L M Worthington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1936 to June 1940, and that I last saw him alive on June 10 1940.

Immediate cause of death Acute Cardiac Failure

Due to Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M Kreaul MD
M. D. or other

Address Rising Sun Md Date signed 6/10/40

Permit issued 6-13-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
JUL 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

06412

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil - Elkton - Md.
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hight Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Thankful Carr

3. (b) Social Security Number none

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Stutely Ardean Carr Elkton - Md.
6 (c) If alive, give age 81 years
7. Birth date of deceased (mo., day, yr.) Aug 30 - 1853

8. AGE: Years 86 | Months 11 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace Aug 30 1853 - Oswego Co - N.Y.
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Caleb Harrington
13. Birthplace Oswego - N.Y.

MOTHER
14. Maiden name Aldema Wilsie
15. Birthplace Oswego - N.Y.

16. Informant S. A. Carr
Address Elkton - Md.

17. burial
(Burial, cremation, or removal. Which?)
Date thereof June 17, 1940 (month) (day) (year)
Cemetery or crematory Elkton Cemetery
Location Elkton - Md

18. Funeral director H. W. Pippin per [illegible]
Address Elkton, Md

19. June 17 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 - 1940, at 1.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12th 1940, to June 14 - 1940, and that I last saw her alive on June 14 - 1940 19

Immediate cause of death: Cerebral thrombosis — DURATION: 2 days
Due to Arteriosclerosis -
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE V. H. McKnight M. D. or other
Address Elkton - Md Date signed 6-16-1940

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06413

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 11 mos. 0 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: CARROLL, Harrison

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Single

6 (b) Name of husband or wife: --

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 15, 1888

8. AGE: Years	Months	Days	If less than one day
52	3	14	____ hrs. ____ min.

9. Birthplace: Annapolis, Maryland
(Town, county, and state)

10. Usual occupation: Steel Worker

11. Industry or business: Philadelphia Navy Yard

FATHER
12. Name: Bill Carroll - deceased
13. Birthplace: Annapolis, Md.

MOTHER
14. Maiden name: Sarah Ann Carroll - deceased
15. Birthplace: Unknown

16. Informant: Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 1, 1940 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Maryland

18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.

19. 7-1- (Date rec'd by registrar) 19 40. Registrar: Jane E. Daugherty

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 19 40, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 19 37, to June 29 19 40, and that I last saw him alive on June 29 19 40.

Immediate cause of death	DURATION
Broncho Pneumonia	2 days
Due to	
Due to	
Other conditions: Psychosis with Huntington's Chorea (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations: None

Of autopsy: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis

C. F. DAVIS, M.D., Clinical Director
Veterans' Administration

Address: Perry Point, Md. Date signed: 7-1-40.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

06414

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sara T. Chapman.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1881

8. AGE: Years 58 Months 10 Days 24 If less than one day hrs. min.

9. Birthplace New York
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name unk.
13. Birthplace unk.

MOTHER
14. Maiden name Julia H. Smith
15. Birthplace unk.

16. Informant

Address

17. removal
(Burial, cremation, or removal. Which?)

Date thereof June 26, 1940
(month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director H. W. Pippin

Address Elkton Md

19. June 26 1940
(Date rec'd by registrar)

F. R. Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1940, at 8:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16, 1940, to June 25, 1940, and that I last saw her alive on June 25, 1940.

Immediate cause of death Peritonitis

Due to Suppurative Appendicitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Suppurative Appendicitis + Peritonitis

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

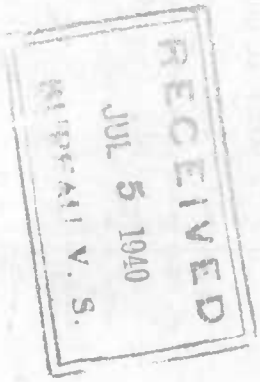
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. A. Cantwell
M. D. or other

Address Wells Emt. Ky Date signed June 25/40

E. G. Kirsch
56 Channing St N.W.
Wash. D.C.



Reg. Dist. No.92, Elkton, Md., July 1, 1940.

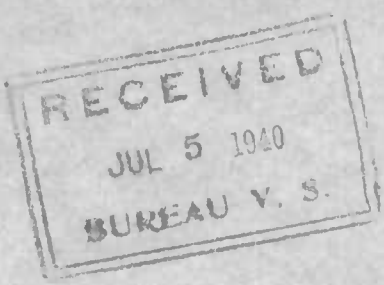
Certificate of Death - Sara T. Chapman - June 25, 1940

The body of Sara T. Chapman was shipped by express from Elkton to W. W. Chambers Co., Washington, D.C.

From the Union Hospital we learn Mrs. Chapman was a transient traveling with a E. J. Kirsh, 56 Channing Street, N.W., Washington, D.C. and gave instructions to communicate with the American Legion, Washington, D.C.

From this source you may obtain the necessary information to complete the certificate, if we receive any it will be forwarded.

F P Frazer
Registrar.



MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

06415

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Fair Hill, Elkton R D 5
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Fair Hill, Elkton R D 5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR not a veteran

3. (a) FULL NAME Frank E. Corcoran

3. (b) Social Security Number 218-09-1851

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Daisy Corcoran
6(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) Sept 30 1864

8. AGE: Years 75 Months 9 Days — If less than one day ___ hrs. ___ min.

9. Birthplace ~~Elkton~~ Colour Cecil Md (Town, county, and state)
10. Usual occupation Paper Maker
11. Industry or business
FATHER 12. Name Thomas Corcoran
13. Birthplace Ireland
MOTHER 14. Maiden name Mary E. Smith
15. Birthplace Ireland
16. Informant Mrs Daisy Corcoran
Address Elkton R. D. # 5
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3 1940 (month) (day) (year)
Cemetery or crematory Sharp's
Location Near Fair Hill
18. Funeral director Joseph R. Grant
Address North East Md
19. July 3 1940 (Date rec'd by registrar) F. H. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 8 30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 24 1937, to June 30 1940, and that I last saw him alive on June 30 1940.
Immediate cause of death Uremia — DURATION June 28
Due to Cardio-vascular-renal disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no operation
Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Milford H. Sprecher, M.D. M. D. or other
Address Elkton, Md Date signed July 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

06416

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Childs
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Cecil County Almshouse

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Childs — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Crate

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 30 - 1858

8. AGE: Years 81 Months 7 Days 28 If less than one day hrs. min.

8. Birthplace: Penn.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: John Crate
13. Birthplace: Penn

MOTHER
14. Maiden name: Margaret Marker
15. Birthplace: Unknown

16. Informant: The deceased

Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 29/40 (month) (day) (year)

Cemetery or crematory: County Burial Grounds

Location: Childs, Md.

18. Funeral director: H. W. Pippin Pr. Ob. H.P.

Address: Elkton, Md.

19. June 28 1940
(Date rec'd by registrar)
F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 — 1940, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1935, to June 27 1940, and that I last saw him alive, on June 25 — 1940.

Immediate cause of death: Arteriosclerosis

DURATION: about 7 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: V. H. McKnight
M. D. or other

Address: Elkton - Md Date signed: June 28-40

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06417

1. PLACE OF DEATH (47-D)

County Cecil. Registration Dist. No. 92

Village or City Elkton No. R.F.D. #4 (outside) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edward Arden Davis. World War Vet.

(a) Residence: No. R.F.D. Elkton Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha M Davis

6. DATE OF BIRTH (month, day, and year): Nov 27 1878

7. AGE: Years 61 | Months 6 | Days 25 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: ROTC Sargent

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: University of Delaware

10. Date deceased last worked at this occupation (month and year): Oct 31 1937

11. Total time (years) spent in this occupation: 20 years

12. BIRTHPLACE (city or town) (State or country): no information Wales

FATHER

13. NAME: Puntain Davis

14. BIRTHPLACE (city or town) (State or country): no information Wales

MOTHER

15. MAIDEN NAME: Sarah Davies

16. BIRTHPLACE (city or town) (State or country): no information Wales

17. INFORMANT (Address): Mrs Bertha M Davis Elkton Md RD

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington Cemetery Date: June 26, 1940

19. UNDERTAKER (Address): Nation Cemetery H. W. Pippin Elkton Md

20. FILED: June 25, 1940 F R Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940, to June 22, 1940

I last saw him alive on June 22, 1940; death is said to have occurred on the date stated above, at 7.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	6-22

Other Contributory Causes of importance:

Carcinoma of lung (primary)	about Dec 1939.

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wallace M Johnson M. D.

(Address) Newark Del.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06418

STATE OF MARYLAND
CERTIFICATE OF DEATH

93d

Registration Dist. No. 96

1 PLACE OF DEATH

County Cecil

Village or City Northeast (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julia E. Dixon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept (Month) 2 (Day), 1874 (Year)

7 AGE: 66 yrs. 9 mos. 24 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed or (employer) Housewife

9 BIRTHPLACE (State or country) Elk Neck, Maryland

PARENTS

10 NAME OF FATHER David Johnson

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adele V. Griffin

(Address) 1004 French St. Wil. Del.

15 Filed June 28 1940 Irene E. Daugherty. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 26, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Apr 10 1940 to June 26, 1940 that I last saw her alive on June 25 1940 and that death occurred on the date stated above, at 8 30 P.m.

The CAUSE OF DEATH * was as follows:

Chronic V. Myocarditis

Duration: ten months. C.W.G.R.

(Duration) ..... yrs. 4 mos. ..... ds.

Contributory Secondary .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. B. Collins M. D.

June 28 1940 (Address) North East Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St. Mark's A.U. Cemetery

DATE OF BURIAL: June 30 1940

20 UNDERTAKER: Elmer E. Bullock

ADDRESS: Havre de Grace, Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

JUL 5 1949
BUREAU OF

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06479

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Union Hospital of Cecil Co.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil.

City or town Chesapeake City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Green No. II

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 - 1940

8. AGE: Years Months Days If less than one day hrs. min.

9. Birthplace Union Hospital Elkton Md.
(Town, county, and state)

10. Usual occupation None.

11. Industry or business

FATHER 12. Name Walter Green

FATHER 13. Birthplace Brooklyn New York

MOTHER 14. Maiden name Jennie Savitsky

MOTHER 15. Birthplace Philadelphia Pa

16. Informant Jennie Green

Address Chesapeake City Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof June 3/40 (month) (day) (year)

Cemetery or crematory Catholic Cem't.

Location Elkton, Md

18. Funeral director H. W. Pippin

Address Elkton, Md

19. June 3 1940 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 7.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Stillborn	
Due to Hemorrhage of lungs	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry J Davis M.D.
M. D. or other

Address Chesapeake City Md Date signed 6/2/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

66420

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil
City or town: Elk Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 20 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil
City or town: Elk Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Susan Jane Guiberson

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel Guiberson
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Mar 17-- 1868

8. AGE: Years 72 | Months 2 | Days 26 | If less than one day hrs. min.

9. Birthplace: Cecil Co Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: James H Hammond
13. Birthplace: Delaware

MOTHER
14. Maiden name: Susan Jane Ritchie
15. Birthplace: Delaware

16. Informant: James Guiberson
Address: Elk Mills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16-1940 (month) (day) (year)
Cemetery or crematory: Cherry Hill Cemetery
Location: Cherry Hill Md

18. Funeral director: Florence E Abernathy
Address: Elkton R. 4 Md

19. June 15 1940 (Date rec'd by registrar) FRFrazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13th 1940, at 12 15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 1st 1940, to June 13th 1940, and that I last saw her alive on June 9th 1940.

Immediate cause of death: Acute Pneumonia nephritis
Due to: Diabetes mellitus
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Elkton Md Date signed June 15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

66421

92-d

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Elkton Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Jeffer If U. S. Veteran, specify WAR

(a) Residence: No. Warwick Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	Black	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Jeffer

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Rhoads

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Pearkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Jeffer

(Address) Warwick Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lake Cemetery Date 6/16/1940

19. UNDERTAKER E. Peter Daniels

(Address) Townsend Del.

20. FILED June 17, 1940 W. W. Frazer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940, to June 11, 1940

I last saw her alive on June 11, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related ceuses of importance were as follows:

	Date of onset
Chronic endocarditis	?
Other **Contributory Causes** of importance: Auricular fibrillation	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Morrison M. D.

(Address) Elkton, Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

66422

STATE OF MARYLAND—CERTIFICATE OF DEATH

(92-D)

1. PLACE OF DEATH

County Cecil Registration Dist. No. 94

Village or City North East R D No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miles King not a Veteran

(a) Residence: No. North East R. D. St., Ward. (Usual place of abode) No Social Security Number

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenora King 64 years

6. DATE OF BIRTH (month, day, and year) May 4 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Little Rock (State or country) Arkansas

FATHER

13. NAME Geo. W. King

14. BIRTHPLACE (city or town) — (State or country)

MOTHER

15. MAIDEN NAME Martha Langsby

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Isaiah King (Address) North East Md.

18. BURIAL, CREMATION, OR REMOVAL Buried

Place N. E. M. E. Cemetery Date June 12, 1940

19. UNDERTAKER Joseph P. Grant (Address) North East, Md.

20. FILED 6/12, 1940 Lida E. Owens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 9th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1940, to June 9th, 1940

I last saw him alive on June 7th, 1940; death is said to have occurred on the date stated above, at 10 07 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary embolism	6-9-40
Other Contributory Causes of importance:	
Chronic Valvular heart disease	?
Chronic dilatation of heart	?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Wallace W. Johnson M. D.

(Address) Newark, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 1 1927 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 96 06423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans Administration

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Unknown County: ---

City or town: --- Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ---
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Peace Time

3. (a) FULL NAME: KINGSBERRY, Frederick E.

3. (b) Social Security Number: 383-01-7835

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: ---

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 24, 1881

8. AGE: Years	Months	Days	If less than one day
59	2	17	____ hrs. ____ min.

9. Birthplace: Independence, Miss.
(Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business:

FATHER
12. Name: William L. Kingsberry
13. Birthplace: Rome, Ga.

MOTHER
14. Maiden name: Emma Jane Brister
15. Birthplace: Mississippi

16. Informant: Hospital records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 12, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Baltimore, Md.

18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.

19. June 12, 1940 (Date rec'd by registrar) Irene E. Dougherty IRENE E. DOUGHERTY

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 19 40, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 19 40, to June 11 19 40, and that I last saw him alive on June 11 19 40.

Immediate cause of death	Carcinoma of pancreas	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Carcinoma of pancreas

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work? --

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address: Veterans administration, Perry Point, Md. Date signed: 6/12/40

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06424

1. PLACE OF DEATH (94C)

County Cecil Registration Dist. No. 90

Village or City near Cecilton RD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Lambs If U. S. Veteran, specify WAR no

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lambs Widowed

6. DATE OF BIRTH (month, day, and year) July 31, 1887

7. AGE Years 53 Months 11 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor (day)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Jersey

FATHER

13. NAME Arthur Lambs

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME ~~Name~~ Martha Jones

16. BIRTHPLACE (city or town) (State or country) N Jersey

17. INFORMANT Emma Dennison

(Address) 22 Tilghman St Chester Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlane Chester Pa Date June 7, 1940

19. UNDERTAKER H. W. Pippin

(Address) Elkton Md

20. FILED June 07, 1940 Irving Burbage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1940 to June 2, 1940

I last saw him alive on June 2, 1940, death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6/2/1940

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) N. K. Crum M. D.

(Address) Galena Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 6 1927 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

06425

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Providence
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton RD #5 - Providence Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Nellie M. Logan

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edgar M. Logan

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): July 12 1887

8. AGE: Years: 52 Months: 11 Days: 15 If less than one day: hrs. min.

8. Birthplace: Near Providence Cecil Co. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Miller Bullock
13. Birthplace:

MOTHER
14. Maiden name: Sarah Jane Hall
15. Birthplace: Md

16. Informant: Edgar M Logan
Address: Elkton RD #5 Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 30 1940
(month) (day) (year)

Cemetery or crematory: Union

Location: Union Cecil Co. Md

18. Funeral director: Joseph R. Grant
Address: North East Md

19. June 28 1940
(Date rec'd by registrar)
F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27th 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June — 1925, to June 27th 1940, and that I last saw her alive on June 20th 1940.

Immediate cause of death: Acute Cardiac Dilatation

Due to: Diabetes Mellitus

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. ~~or other~~
Address: Elkton Md Date signed: June 27 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-a)

06426

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days): 1 "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md, County: Cecil

City or town: Perryville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Lundquist

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 29 1940

8. AGE: Years | Months | Days: 1 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Elkton, Maryland.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Walter L. Lundquist
13. Birthplace: Grassflat, Pa.

MOTHER
14. Maiden name: Dorothy E. Klingerman
15. Birthplace: Muir, Pa.

16. Informant: Dorothy Lundquist
Address: Perryville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2 1940 (month) (day) (year)

Cemetery or crematory: North East

Location: Northeast, Md.

18. Funeral director: W. A. Patterson

Address: Perryville, Md.

19. July 1 1940 (Date rec'd by registrar) F. B. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30, 1940, at 9:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29, 1940, to June 30, 1940, and that I last saw him alive on June 30, 1940

Immediate cause of death: Cerebral Hemorrhage

DURATION

Due to

Due to: Difficult Labor.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: R. E. Dodson M.D.
M. D. or other

Address: Rising Sun Md. Date signed: 7-1-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

06427

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Acil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 106 Bridge St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Acil

City or town: Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 106 Bridge St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Helen Evans Mackall

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Wm H. Mackall

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 5 1856

8. AGE: Years 83 | Months 7 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace: Havre de Grace Md
(Town, county, and state)

10. Usual occupation: at Home

11. Industry or business

FATHER
12. Name: John Evans
13. Birthplace: Locust Grove Md

MOTHER
14. Maiden name: Rebecca N Sappington
15. Birthplace: Bel-air, BD Md

16. Informant: Mrs Isabel Young
Address: 106 Bridge St Elkton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 1 1940 (month) (day) (year)

Cemetery or crematory: Elkton

Location: Elkton Md

18. Funeral director: H. W. Poppin
Address: Elkton Md

19. July 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1940, at 11 59 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925, to June 28 1940, and that I last saw her alive on June 28 1940.

Immediate cause of death: Acute Cardiac dilatation

Due to: Chronic Endocarditis

Due to

Other conditions: Chronic Interstitial nephritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J Herbert Bates M. D. or other

Address: Elkton Md Date signed: 6/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06428

Reg. Dist. No. 90

1. PLACE OF DEATH:
County: Cecil Co. Md.
City or town: Cecilton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Cecilton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Howard O. Manlove

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Orris M. Manlove
6.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): 9/28/1868

8. AGE: Years: 71 | Months: 8 | Days: 27 | If less than one day: hrs. min.

9. Birthplace: Cecil Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Joseph H. Manlove
13. Birthplace: Cecil Co. Md.

MOTHER
14. Maiden name: Sarah E. Dodson
15. Birthplace: Queen Anne Co. Md

16. Informant: Orris M. Manlove
Address: Cecilton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/24/40 (month) (day) (year)
Cemetery or crematory: Cecilton Cemetery
Location:

18. Funeral director: John F. Coffagi
Address: Cecilton, Md.

19. June 24½ 1940 (Date rec'd by registrar) Filing Burke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1940, at 9.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 – 1940, to June 21 1940
and that I last saw him alive on June 20 1940

Immediate cause of death	DURATION
Coronary Thrombosis	6-11-40
Due to	
Due to	
Other conditions: Chronic myocarditis	6-11-40

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. R. Cruchley M.D
M. D. or other
Address: Middletown, Del. Date signed: 6-23-40

CEIVED
JUL 6 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186-a

06429

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: ~~North East~~ Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 35 minutes

Stay in this community (yrs., or mos., or days): 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: North East R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: not a Veteran

3. (a) FULL NAME: James Russell Owens

3. (b) Social Security Number: 222-07-0556

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Feb. 10 1885

8. AGE: Years: 55 Months: 4 Days: If less than one day: hrs. min.

8. Birthplace: Near North East Cecil Co, Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Robert E. Owens
13. Birthplace: Cecil Co. Md

MOTHER
14. Maiden name: Ida C. Owens
15. Birthplace: Cecil Co. Md

16. Informant: Earl E. Owens
Address: Newport, Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18 1940 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East Md

18. Funeral director: Joseph R. Grant
Address: North East. Md

19. June 17 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1940, at 4.50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ dead on June 15 1940.

Immediate cause of death: Fracture of skull and hemorrhage of brain

Due to: fall from stone abutment at bridge

Due to: across North East Creek on main street. North East, Md

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Accident

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~: Accident Date of: June 15-1940

Where did injury occur? North East (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Fall Injured at work? no

23. SIGNATURE: John B. Blum MD Coroner
M. D. or other

Address: Rising Sun Md Date signed: 6/15 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06430

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn - about 6 hrs. Park

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Stillborn.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 - 1940

8. AGE: Years Months Days If less than one day hrs. min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation None.

11. Industry or business

FATHER 12. Name George Park
13. Birthplace Elkton Md

MOTHER 14. Maiden name Ora Moore
15. Birthplace Millington Md

16. Informant Mrs George Park
Address Elkton Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location Home

18. Funeral director
Address

19. 6/26/40 (Date rec'd by registrar) F M Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 4 1940; and that I last saw him alive on 19

Immediate cause of death	Stillborn.	DURATION
Due to	Premature Birth about 6 hrs - Duration	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. A. Cundiff M.D.
M. D. or other
Address Elkton Md Date signed June 5/40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-a)

66431

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Perryville, Rural Near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George C. Pryor

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

8 (b) Name of husband or wife Laura V. Pryor
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1868

8. AGE: Years	Months	Days	If less than one day
72	4	13	hrs. min.

9. Birthplace ? Cecil, Md.
(Town, county, and state)
10. Usual occupation Iron worker
11. Industry or business Steel Yard

FATHER
12. Name George W. Pryor
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden name Bryson
15. Birthplace Cecil Co. Md

16. Informant George C. Pryor
Address 1609 North Bradford St. Balto.

17. Burial Date thereof June 21, 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Angel Hill
Location Havre de Grace, Md

18. Funeral director Lee A. Patterson
Address Perryville, Md.

19. June 21 1940 Irvin E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at 1230 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 19 1940, and that I last saw him alive on June 16 1940

Immediate cause of death Aortic Stenosis — DURATION 5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or other
Address Perryville, Md. Date signed 6/19/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

06432

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Colora
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Near Rising Sun. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Watson Reeder

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Margaret Reeder.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4 1854

8. AGE: Years	Months	Days	If less than one day
85	8	11	hrs. min.

9. Birthplace Bucks Co. Pa.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Christian Reeder

FATHER 13. Birthplace Bucks Co. Pa

MOTHER 14. Maiden name Martha Martindale

MOTHER 15. Birthplace Bucks Co. Pa.

16. Informant Mrs. John Hindman

Address Rising Sun. Md.

17. Burial Date thereof June 6 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rosebank Cemetery

Location Near Rising Sun.

18. Funeral director J. E. Tyson

Address Rising Sun. Md.

19 June 6 1940 Lon Worthington
(Date rec'd by registrar) Registrar

Permit issued 6-6-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1937 19 , to June 19 40, and that I last saw h alive on June 3 19 40.

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph W. Reeder M. D. or other

Address Rising Sun Date signed 6/4/40

RECEIVED
JUL 5 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66433

(942)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 424 N St
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: New Singuly Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alice May Rose

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jessie Rose
6(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): May 25 - 1874
8. AGE: Years: 66 Months: Days: 13 If less than one day: hrs. min.
9. Birthplace: Cecil Co Maryland (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER 12. Name: Alfred Mahaney
13. Birthplace: Maryland
MOTHER 14. Maiden name: Sarah Trundle
15. Birthplace: Maryland
16. Informant: Jessie Rose
Address: Elkton R.D. 5 Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 - 1940 (month) (day) (year)
Cemetery or crematory: Cherry Hill Cemetery
Location: Cherry Hill Md
18. Funeral director: Harlowe E. Abercrombie
Address: Elkton R.D. 5 Md
19. June 11 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 5:15 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1937, to June 10 1940, and that I last saw h alive on May 14 1940
Immediate cause of death: Acute Myocardial Infarction
Due to: Coronary Sclerosis and generalized arteriosclerosis
Due to: Sclerosis
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No operation
Of autopsy: No autopsy

CURATION June 6 1940

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Milford N. Greenley M.D.
M. D. or other
Address: Elkton, Md Date signed June 11, 1940

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122b)

06434

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1½ days

Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Sarah Ross

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 4 1857

8. AGE: Years: 82 Months: 7 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: San Francisco Cal
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER
12. Name: Daniel Ross
13. Birthplace: no information

MOTHER
14. Maiden name: Frances Heath
15. Birthplace: Cecil Co.

16. Informant: Sarah Ross, Records

Address: —

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24, 1940 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East, Md

18. Funeral director: Joseph R. Grant

Address: North East, Md

19. June 24 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19, 1940, to June 21, 1940, and that I last saw er alive on June 20, 1940.

Immediate cause of death: Intestinal Obstruction. Not due to cancer. C.W.G.R. 5 days.

Due to: Toxemia

Primary cause of the intestinal obstructions

Due to: Unknown.

Other conditions: This case was admitted to hospital only a few hours before death.
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: H. Cerrein Cornwell M.D.
M. D. or other

Address: North East, Md. Date signed: June 23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

66435

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R D # 3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Schneider

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John Herman Schneider

13. Birthplace Wife

MOTHER 14. Maiden name Hester Lorene Bunker

15. Birthplace Del

16. Informant Hester Schneider

Address Elkton R D # 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24 1940 (month) (day) (year)

Cemetery or crematory Elkton Catholic Cemetery

Location Elkton Md

18. Funeral director Florence E Abernathy

Address Elkton Md R D # 3

19. June 24 1940 (Date rec'd by registrar) I B Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 4:44 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/23 1940, to 6/23 1940, and that I last saw him alive on 1940

Immediate cause of death	DURATION
Premature 8 months	
Due to	
Due to Premature Separation of Placenta	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E E Dodson M D
M. D. or other

Address Elkton Md Date signed 6/24-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

66436

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: North East
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 81 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: not a veteran

3. (a) FULL NAME: Samuel T. Simpers

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

B (b) Name of husband or wife: Lola B. Simpers

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): Nov 16 1858

8. AGE: Years: 81 Months: 6 Days: 16 If less than one day: hrs. min.

9. Birthplace: Union Cecil Co. Md
(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Retired 15 years

FATHER
12. Name: Joseph W. Simpers
13. Birthplace: Md

MOTHER
14. Maiden name: Emily Harvey
15. Birthplace: Md

16. Informant: Mrs Emily Wells
Address: North East Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 5 1940
(month) (day) (year)

Cemetery or crematory: Methodist Cemetery

Location: North East Md

18. Funeral director: Joseph R. Lauer
Address: North East Md

19. June 5 1940 Lida V. Arena
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch. 15 1940, to June 2 1940 and that I last saw him alive on June 2 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 5 mo.

Due to: Duration: seven months. Cecil R.

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. B. Cairns M.D. or other

Address: North East Md Date signed: 6-3-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Authorization to add color of the deceased hair
in permanent file under
C.B. Collins
4/8/41 M.W.

RECEIVED
JUL 1 1940
BUREAU V. S.

06437

STATE OF MARYLAND—CERTIFICATE OF DEATH

157-e

1. PLACE OF DEATH

County Cecil Registration Dist. No. 92

Village or City Elkton No. Union Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Stoops If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. North East R#2

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22, 1940

7. AGE: Years ____ Months ____ Days 1 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Elkton (State or country) Cecil Md.

FATHER

13. NAME Jesse Stoops

14. BIRTHPLACE (city or town) Elkton (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ella Corcoran

16. BIRTHPLACE (city or town) Elkton (State or country) Md

17. INFORMANT Mary Stoops (Address) North East Md. RD#2

18. BURIAL, CREMATION, OR REMOVAL Place Elkton Cemetery Date June 24, 1940

19. UNDERTAKER H. W. Pippin & Son (Address) Elkton Md.

20. FILED June 24, 1940 F R Frazer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1940, to June 23, 1940 I last saw her alive on June 23, 1940; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prob. Persistent Foramen ovals	

Other Contributory Causes of importance:

Name of operation None Date of ____

What last confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify N

(Signed) Milford H. Sprecher M. D.

(Address) Elkton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

06438

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 hr.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa. County: Cecil

City or town: Chester Ward No.
(If outside city or town, write RURAL NEAR and give town)

Street No. 1907 West Fourth
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Jeremiah J. Thompson.

3. (b) Social Security Number: 181-09-6882

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Alice T. Thompson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 22, 1884

8. AGE: Years	Months	Days	If less than one day
55	8		hrs. min.

9. Birthplace: Cecil County, Md.
(Town, county, and state)

10. Usual occupation: Pumper Sun Oil Co.

11. Industry or business:

FATHER — 12. Name: William F. Thompson

13. Birthplace: Cecil County, Md.

MOTHER — 14. Maiden name: Martha E. Benjamin

15. Birthplace: Cecil County, Md.

16. Informant: Vernon W. Thompson

Address: 2112 W 4th St. Chester, Pa.

17. removal (Burial, cremation, or removal. Which?) Date thereof July 3, 1940 (month) (day) (year)

Cemetery or crematory: Longcroft Cemetery

Location: Chester, Pa.

18. Funeral director: H. W. Pippin & Son

Address: Elkton, Md.

19. July 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1940, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30 1940, to June 30 1940 and that I last saw h[illegible] alive on June 30 1940

Immediate cause of death	DURATION
Multiple Fracture of skull	1 hr.
Due to Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 6/30 1940

Where did injury occur? near Elkton Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Route 213 Calvert Rd.

Means of injury: Auto accident Injured at work? No

23. SIGNATURE: John D. Klein coroner
M. D. or other

Address: Rising Sun Md. Date signed 7/1 1940

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

66439

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton R. F. D. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Four yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Elkton Md R.D. 3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Otto Tyler

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Clarice A. Tyler
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 5 - 1886

8. AGE: Years	Months	Days	If less than one day
54	1	12	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name James Tyler
13. Birthplace Md

MOTHER 14. Maiden name Mary Thomas
15. Birthplace Md

16. Informant Clarice A. Tyler
Address Elkton Md R.D 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20-40 (month) (day) (year)
Cemetery or crematory Head of Christiana
Location Del

18. Funeral director R. I. Jones
Address Newark, Del

19. June 18 1940 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to June 17 1940, and that I last saw him alive on June 16 1940.

Immediate cause of death	DURATION
Essential Hypertension	4 years
Cerebral Hemorrhage	4 months
Due to	
Due to	
Other conditions	
Acute Parotitis (Include pregnancy within 3 months of death)	1 week

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. Hughes Fuller M.D.
M. D. or other
Address Newark, Del Date signed June 18, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(170-C) 66440

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 hr.

Stay in this community (yrs., or mos., or days) 1 hr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn. County Lancaster

City or town Vintage Penna. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Union Hospital

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amos Leroy Weaver

Amos Leroy Weaver

3. (b) Social Security Number 199-07-6838

4. Sex: Male

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1909

8. AGE: Years 30 Months 11 Days 20 If less than one day hrs. min.

9. Birthplace Lancaster Co (Town, county, and state)

10. Usual occupation Stone Mason

11. Industry or business

FATHER 12. Name Amos Weaver

13. Birthplace Lancaster Co.

MOTHER 14. Maiden name Margaret Doutrich

15. Birthplace Lancaster Pa

16. Informant Margaret Weaver

Address Vintage, Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3/40 (month) (day) (year)

Cemetery or crematory Hershey Mennonite Cem

Location Hershey Pa

18. Funeral director H W Lippin

Address Elkton, Md

19. July 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 2-15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Shock

Due to Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 6/30 1940

Where did injury occur? Calvert (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route 273

Means of injury Auto accident Injured at work?

23. SIGNATURE John B. Glover Coroner M. D. or other

Address Rising Sun Md Date signed 6/30 1940

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

CERTIFICATE OF DEATH

06441

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Rural Near Elkton

(If outside city of town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Elkton R.D. 2 Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 mo 11 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Rural Near Elkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Elkton, R.D. 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Willard

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wh.	Married

B (b) Name of husband or wife Charles E. Willard

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1870

8. AGE: Years	Months	Days	If less than one day
69	8	14	hrs. min.

9. Birthplace Glasgow, Delaware (Town, county, and state)

10. Usual occupation House Wife.

11. Industry or business

FATHER 12. Name Thomas Vansant

13. Birthplace Delaware.

MOTHER 14. Maiden name Sarah Vansant

15. Birthplace Delaware.

16. Informant Charles E. Willard

Address 206 Concord Ave Wilm, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20/40 (month) (day) (year)

Cemetery or crematory Riverview Cemt.

Location Wilmington, Del.

18. Funeral director H.W. Pippin, Per H.W. Pippin

Address Elkton, Md.

19. June 19 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 - 1940 9.40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to June 18 1940 and that I last saw h alive on June 18 1940

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis -

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

1 yr (plus)

?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. McKnight M.D.

M.D. or other

Address Elkton Date signed June 15-1940

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BUREAU V. S.